

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) <b>NY-DNAG 310-US</b>
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818.)		
Application Number	10/549,731-Conf. #1384	Filed October 25, 2006
For <b>POLYLOCK INSERT FOR AN ARTIFICIAL HIP JOINT</b>		
Art Unit	3738	Examiner <b>J-D N. STEWART</b>
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$ 130.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$ 245
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$ 555
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$ 865
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$ 1175
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0624</u> .		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the	<input type="checkbox"/>	applicant/inventor.
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
	<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number <u>39,155</u>
	<input type="checkbox"/>	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34
<u>/James R. Crawford/</u> Signature		<u>8/6/10</u> Date
<u>James R. Crawford</u> Typed or printed name		<u>(212) 318-3148</u> Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.	

**One Month Request for Extension of Time Under 37 CFR 1.136(a)**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: 8/6/10Signature: Eileen Sheffield (Eileen Sheffield)